United Nations E/ICEF/2015/P/L.26

Economic and Social Council

Distr.: Limited
10 August 2015
English
Original: English/French/Spanish

For decision

United Nations Children's Fund
Executive Board
Second regular session 2015
8-10 September 2015
Item 4 (a) of the provisional agenda*

Country programme document

Zambia

Summary

The country programme document (CPD) for Zambia is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $42,860,000 from regular resources, subject to the availability of funds, and $196,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2015.

* E/ICEF/2015/12.

15-13543 (E) 120815

Please recycle

Programme rationale

1. Zambia is a stable democracy with a population of 14.1 million, of whom 53.4 per cent are under 18 years of age.[1] The estimated median age is 16.7 years (2015), which is one of the lowest in the region and globally. A high fertility rate of 5.7 children per woman[2] contributes to the annual population growth rate of 3.2 per cent.[3]

2. While 60 per cent of Zambia's people live in rural areas, the trend is being reversed as urban population growth significantly outstrips rural growth: between 2000 and 2010, the urban population increased by 51 per cent while rural population grew by 23 per cent.[4] Zambia's rapid population growth and urbanization are increasing pressure on peri-urban settlements, where challenges include scant infrastructure, high poverty rates and inequities in access to and quality of services in comparison with urban areas.

3. In 2013, Zambia was reclassified from the low-income to the middle-income country category. In 2014, the country also moved from the "low" to the "medium" human development category.[5] Strong economic growth has recently slowed, mainly due to the deterioration in global copper prices, but was still estimated to be 5.5 per cent in 2014.[6]

4. With three quarters of its population estimated to be living on less than $1.25 per day, this lower-middle-income country has high levels of inequity in income distribution.[7] Data suggest that income inequality is increasing, with the Gini coefficient moving from 0.507 in 2010 to 0.546 in 2013, and 0.575 in 2014.[8]

5. Growing income inequality especially impacts rural households with larger numbers of children. Extreme poverty in rural Zambia is, at 58 per cent, quadruple the urban rate (13 per cent), with wide geographic disparities.[9] While poverty rates have been declining, the numbers have been increasing, with an estimated 1.9 million more Zambians living in poverty in 2010 than in 1991. Of the 42 per cent of Zambians who live in extreme poverty, 59 per cent — 3.3 million — are children, and 85 per cent of those live in rural areas.[10] Persistently high rural poverty rates make achievement of Millennium Development Goal 1 — to halve poverty by 2015 — unattainable. Children bear a disproportionately large part of the cost of the failure to tackle poverty, which persists despite strong economic growth.

6. Impressive progress towards gender equity in primary schooling, where the female-to-male ratio shifted from 0.90 in 1990 to 0.99 in 2013, is undermined by the

[1] UNDP, *Human Development Report 2014*, Table 16; 2015 estimate.
[2] The regional average is 4.7. (2012). UNICEF (2014a), *The State of the World's Children 2014*, Table 6. DHS 2014 data indicate a reduced but still high rate of 5.3.
[3] Data for 2012-2020.
[4] Census data for 2010, cited in UNICEF Zambia (2014a), *Update of the Situation Analysis of Children and Women in Zambia*, Table 1.
[5] UNDP, *Human Development Report 2014*, Table 16; 2015 estimate.
[6] IMF (December 2014).
[7] UNDP (2014), Table 6.
[8] Table 3 of UNDP Human Development Reports for, respectively, 2010, 2013 and 2014. It was 0.421 in the 2006 report.
[9] UNDP (2013), *Millennium Development Goals Progress Report, Zambia 2013*, p. 16.
[10] UNICEF Zambia (2014a), pp. 42 & 53.

deterioration in the secondary education gender ratio, which fell from 0.90 to 0.84 during the same period. In addition, a weak gender ratio at the tertiary level (0.75), and literacy levels among 15-24-year-old females remaining below those for males in recent years signal that there continues to be room for improvement.[11] Zambia ranked 135th of 152 in the Gender Inequality Index.[12] Among the documented threats to the rights of the girl child are child marriage, with 31 per cent of 20-24-year-old females reporting being married by age 18; high teenage fertility (146 pregnancies per 1,000 15-19-year-old females); and adolescent mortality, with 15-19-year-old girls having a 44 per cent higher likelihood of mortality than boys of the same age, largely due to pregnancy complications, HIV prevalence and unsafe abortions.[13]

7. Barriers to achieving marked improvements in the situation of children are multiple and complex. Zambia is characterized by a development paradox: strong economic performance and political stability on the one hand, and persistent chronic poverty and high inequality on the other. Gender inequality, household poverty and expansion of peri-urban populations living in poverty signal the systemic nature of some of the significant bottlenecks to the realization of children's rights. The situation is further compounded by high population growth and a very young population overall. Even with good levels of social sector budgeting, the quality of and access to essential services for children and mothers remains uneven. This can be illustrated by improving but still high mortality rates (under-five mortality rate of 75 per 1,000 live births, neonatal mortality rate of 24 per 1,000 live births and a maternal mortality ratio of 398 per 100,000 live births);[14] improving but still very high stunting rates (40 per cent);[15] and persistent weaknesses in education performance (examination pass rates for English and mathematics in grades 5 and 9 below 40 per cent).[16] Immunization coverage for three doses of combined diphtheria/pertussis/tetanus vaccine has dropped since 2011 to below 80 per cent in 2014, with some districts reporting lower rates. An improved framework of national laws and policies for children and families needs to be supported with effective implementation. In addition, despite ongoing decentralization of key areas of public administration, households and communities are not sufficiently engaged in decisions that affect them, and challenges remain to external resource commitments due to the country's transition to middle-income status.

8. While not at high risk for emergencies, Zambia remains susceptible to natural disasters that increasingly expose vulnerable communities. Urban growth compounds this vulnerability.

9. Key lessons learned during the previous country programme period will serve to strengthen the current programme. These include the need to build sustainability by complementing service provision with efforts to enhance community awareness and demand for services, and to reinforce social accountability for improved results.

[11] UNDP (2013), p. 26.

[12] UNDP (2014), Table 4; 2013 estimates. http://hdr.undp.org/en/content/table-4-gender-inequality-index.

[13] Central Statistical Office et al (2014), *Zambia Demographic and Health Survey 2013-14* (DHS), Table 4.3; UNICEF Zambia (2014b), *A report card of Adolescents in Zambia*, pp. 40, 48.

[14] DHS (2014), Table 15.3.

[15] Ibid, Table 11.1.

[16] UNICEF Zambia (2014a), p. 149. Subsequent performance may even have started to trends downwards.

Innovations have the potential to aid efficiency in programmes, whether by generating data and evidence, e.g., real-time monitoring in sanitation, or by harnessing digital breakthroughs to support advocacy. It is also clear that cross-cutting strategies focused on social protection provide a means to address the intergenerational drivers of poverty, HIV risk and youth unemployment, and alleviate some of the vulnerability to national disasters and economic shocks. More broadly, the demonstrated willingness of the Government to adopt, invest in and scale up proven interventions that improve the reach, efficiency, effectiveness and accountability of services will also help inform the current programme.

Programme priorities and partnerships

10. The overall purpose of the country programme is to further the realization and protection of the rights of children, with a focus on building sustainable and efficient national and subnational systems characterized by sufficient capacity and effectiveness to achieve high-impact results. Programme development was informed by the challenges posed by high levels of poverty and inequality and low development indicators in the context of an economically and sociopolitically stable lower-middle-income country.

11. The programme is aligned with the overarching Government of Zambia — United Nations Sustainable Development Partnership Framework 2016-2021 and the UNICEF Strategic Plan, 2014-2017. It also takes into account the revised Sixth National Development Plan 2013-2016 and the post-2015.[17]

12. Core programme priorities focus on stronger realization of child rights: improved under-five child survival, with an emphasis on the neonatal period; reduced stunting; improved education quality and learning outcomes; and strategic social protection and child protection interventions to benefit the most vulnerable children and adolescents. Stronger programme convergence — in geographic and policy terms — is central to maximizing impact for children. Cross-sectoral coordination will be at the core of programme implementation strategies.

13. The strategies employed to implement the country programme will focus on strengthening institutional capacity and civil society partnerships for equitable and high-quality service delivery, with a particular focus on urban and peri-urban poverty, and on fostering community engagement to increase demand for quality services. Partnerships are central to the country programme, including enhanced community-level partnerships to support equitable access to services at the local level, and a greater focus on partnerships with young people, the private sector and the media, building alliances to mobilize society for change and to improve social accountability. The programme will emphasize stronger evidence generation, policy dialogue and advocacy, and enhanced targeting of interventions through improved monitoring and evaluation and knowledge management. This will be complemented by strategic South-South cooperation and learning, especially with other middle-income countries in the region, and greater emphasis on cross-sectoral coordination, both internally and with key implementing partners. Technological and other innovations will be employed and proven interventions scaled up to help accelerate progress.

[17] UNICEF (2014b), *A Post-2015 World Fit for Children*.

14. UNICEF will support the Government and civil society to improve understanding of children's rights and gender equality, including by promoting opportunities for the participation of adolescents and for their voices to be heard. Gender equality, disaster risk reduction and a focus on environmental sustainability and mitigating the effects of climate change will be mainstreamed across all programme components. Support will be provided to improve governance and accountability systems (with a focus on local and community levels), the use of subnational data to track the situation of children to inform planning, harnessing communication for development approaches for behaviour and attitude change (including concerning adolescent priorities), strengthening of coordination mechanisms and linkages across sectors (such as for stunting, early childhood development and school health), and technological innovations that accelerates real-time monitoring and service reach. UNICEF will support learning and innovation, including in pursuit of sustainable development goals that relate to children and in informing stronger external communication to enhance strategic partnerships.

15. The country programme consists of eight components aligned with the Strategic Plan: health; nutrition; HIV and AIDS; water, sanitation and hygiene (WASH); education; child protection; social inclusion; and programme effectiveness.

16. The **health** component will work towards the following outcome: by 2020, children (including newborns and adolescents) and pregnant women benefit from improved and equitable high-impact maternal, neonatal, child and adolescent health interventions and behaviours. This is anchored in the ambition to end preventable maternal and child deaths as espoused in the National Roadmap for Accelerating Reduction of Maternal, Newborn and Child Mortality 2013-2016. Health outputs focus on increasing maternal and newborn survival rates through health system strengthening, delivery of quality high-impact interventions and increasing service utilization, especially within the poorest performing districts and vulnerable peri-urban settlements. This will include measures to strengthen parental skills and growth promotion. Key results will include quantified improvements in antenatal care and skilled birth attendance; maternal and newborn postnatal care; immunization coverage and school-based health interventions; and expanded coverage in the treatment of children affected by diarrhoea, pneumonia, acute malnutrition and malaria.

17. The outcome for the **nutrition** component is: by 2020, children and mothers use high-impact nutrition interventions (services and practices) for reduction of stunting. The programme will operate under the Scaling Up Nutrition (SUN) framework, endorsed by Zambia in 2011, and will be aligned with the National Food and Nutrition Strategic Plan and the First 1,000 Most Critical Days Programme. It will prioritize reduction in stunting in children under 2 years of age by implementing an equitably targeted national package of proven high-impact nutrition interventions. Programme outputs will centre around the adoption of nutrition-sensitive national policies, strategies and plans in the agriculture, education, social protection and water and sanitation sectors, and scaling up the national package of direct nutrition interventions under the health sector. Among the key goals is reduction in stunting prevalence from 40 to 30 per cent.

18. The **HIV and AIDS** component has the following outcome: by 2020, children, adolescents, and pregnant women use quality, accessible and proven HIV prevention and treatment interventions. The programme will support implementation of the multisectoral National HIV and AIDS Strategic Framework aligned with the "three ones" principles,[18] and of the Zambia Consolidated Guidelines for Treatment and Prevention of HIV Infection. Programme outputs emphasize the enabling environment for scaling up HIV prevention, care, support and treatment for women, children and adolescents, with a particular focus on rights- and gender-sensitive quality services, enhanced awareness and demand for services, and the use of data and evidence to strengthen accountability and improve quality and reach. The key results are greater awareness, improved preventive practices, increased access to HIV testing and counselling and better coverage of antiretroviral therapy (ART) among pregnant women, children and adolescents living with HIV.

19. The outcome statement for the **WASH** component is: by 2020, children (including adolescents) and pregnant women, especially from rural and peri-urban areas, benefit from improved and equitable access to and use of systems that deliver safe drinking water, improved sanitation and improved hygiene practices. It maintains a focus on rural populations while expanding to vulnerable peri-urban communities. Interventions will focus on reaching minimum WASH standards nationwide and supporting the Government in developing and scaling up sustainable and pro-poor service delivery models, including routine surveillance mechanisms to monitor open-defecation-free status. The programme will support government capacities to create an enabling environment for more equitable supply of safe drinking water, adequate sanitation and good hygiene practices in rural, peri-urban and urban areas, and support children and families to access services and adopt appropriate hygiene practices. Key results include greater water and sanitation coverage, including WASH amenities in schools and health facilities, and the elimination of open defecation in all communities. The programme includes the roll-out of a management information system for the water supply and sanitation sector based on real-time monitoring with mobile-to-web technologies, and building capacity through innovative approaches to ensure the sustainable operation and maintenance of services.

20. The **education** outcome is that by 2020, boys and girls of school-going age demonstrate improved learning outcomes as a result of equitable and inclusive access to quality education. Under the leadership of the Ministry of Education, Science, Vocational Training and Early Education and in support of the Education Sector National Implementation Framework, the programme will prioritize access to quality early childhood education services and focus on strengthening educational quality and access, especially for the most marginalized children. Programme outputs emphasize strengthening access to quality learning from early childhood through to secondary level, with a focus on the transition of girls from primary to secondary education; improved monitoring and accountability; greater stakeholder demand for and participation in quality learning opportunities; and more inclusive education, incorporating lessons from the National Disability Survey. Key results include improved access to early learning, better enrolment and completion rates and readmission rates for female students after a pregnancy, and improved

[18] One agreed HIV and AIDS action framework that provides the basis for coordinating the work of all partners; one national AIDS coordinating authority, with a broad-based multisector mandate; and one agreed country-level monitoring and evaluation system.

assessment outcomes in grade 1 reading and in English and mathematics in grades 5 and 9.

21. The **child protection** component provides that by 2020, children benefit from a system that ensures integrated, improved and equitable prevention of and response to violence, abuse, exploitation and neglect. The strategic focus will be on strengthening the child protection system — prevention of and appropriate response to violence, child-sensitive justice practices and improved standards of alternative care — and on birth registration, which, with a rate estimated at 11 per cent, continues to be very low. The programme includes partnerships for prevention of child marriage and violence against children, improved sexual and reproductive health services, alternative care for children and solutions for children in conflict with the law. Programme outputs support strengthening the child protection system, responses to children in conflict with the law in line with the principles of justice for children, an accessible institutionalized birth registration system and improved duty-bearer capacities to practise protective behaviours towards children. Key results include quantitative reductions in sexual violence against girls, improved use of diversionary responses in the justice system, increased rates of birth registration, decreased residential placements of children and reduced rates of child marriage.

22. The **social inclusion** component seeks to address persistent poverty and inequality by working towards the following outcome: vulnerable children and families benefit from and participate in a strengthened government response to poverty and vulnerability. The programme prioritizes expansion of the social cash transfer programme, social protection coordination, social budgeting, social accountability; and policy implementation, planning, budgeting and monitoring, informed by evidence and data on child poverty and exclusion. Improved integration and coordination of child-focused social protection services, including social cash transfers, will be complemented by enhanced capacities of children, families and communities to access and participate in social sector service delivery processes. This will include advocacy and technical guidance within the Government's decentralization framework. Increased evidence-based advocacy and communication will aim to build political commitment to and accountability for the improved quality and inclusiveness of social policies, give explicit attention to sustained increases in social sector budget outlays, and embrace opportunities for child and adolescent participation. Key results comprise reduction in the proportion of children living in poverty, improved access to social transfers by children and households living in extreme poverty, and trends in government expenditure for the social sectors.

23. **Programme effectiveness** ensures efficient and effective programme management and operations support for the entire country programme. Key results include compliance with UNICEF performance and management standards for effective programme interventions, such as timely completion of high-quality evaluations and donor reporting obligations.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Health	4 100	60 498	64 598
Nutrition	2 250	14 350	16 600
HIV and AIDS	3 650	13 000	16 650
Water, sanitation and hygiene	5 000	42 000	47 000
Education	5 800	17 500	23 300
Child protection	5 800	14 750	20 550
Social inclusion	3 500	22 500	26 000
Programme effectiveness	12 760	11 402	24 162
Total	**42 860**	**196 000**	**238 860**

Programme and risk management

24. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

25. The country programme will be implemented within the United Nations Sustainable Development Partnership Framework, with which its programme components and outcomes are aligned. The country programme takes into account major risks in social sector financing. These include a high likelihood of lower aid inflows linked to Zambia's middle-income country status; possible changes in Zambia's capacity to finance its development given its economic dependency on price-volatile mineral exports; and risks in governance, accountability and effective use of resources. Government capacity to expand and retain human resource skills across key sectors remains a key risk. Informed by these risks, UNICEF, together with the United Nations country team, will support the Government to strengthen capacities, monitor trends, expand partnerships and consider innovative development financing solutions. The focus will continue to be on low-cost, high-impact interventions, risk-informed programming, and enhancing household and community resilience. Financial risks will be managed through macro- and micro-assessments, external audits and the harmonized approach to cash transfers.

Monitoring and evaluation

26. Programme implementation will occur within the Partnership Framework through the results groups and the monitoring and evaluation working group as per the Delivering as One standard operating procedures. An integrated monitoring and evaluation plan will guide both situational monitoring and programme performance monitoring and management. Specific operations research will be commissioned to

inform programming in emerging priority areas. Programme-specific evaluations will be conducted to provide evidence for scale-up and advocacy responses. The update of the situation analysis for children and the midterm review of the country programme are scheduled for 2018.

27. UNICEF, together with partners, will support efforts towards a government-wide monitoring and evaluation system supported by integrated management information systems. The Central Statistical Office will be supported to generate and disseminate data for use for enhanced accountability, evidence-based planning and decision-making. Support will be provided to the Zambia Monitoring and Evaluation Association to strengthen national evaluation capacity. An equity-focused analysis of bottlenecks leading to identification of priorities will inform this country programme. UNICEF will promote the use of real-time data for rapid feedback, intervention adjustment and social accountability. Partnerships toward the establishment of a child rights observatory function will be explored, especially through regional South-South cooperation.

Annex

Results and resources framework

Government of Zambia-UNICEF country programme of cooperation, 2016-2020

Partnership Framework outcomes involving UNICEF:

- **Pillar 1**: Inclusive social development (with the measure of transformative success being the proportion of young people who share the assertion that their future will be better than that of the previous generation)

  Outcome 1.1: By 2021, the Government of Zambia and partners deliver equitable, inclusive, quality and integrated basic social services.

  Outcome 1.2: By 2021, marginalized and vulnerable populations demand and utilize quality and integrated basic social services.

- **Pillar 3**: Governance and participation (with the measure of transformative success being the proportion of young people (age 15-35) who state that they participate in Zambia's democratic system and processes freely and that they work for the people)

  Outcome 3.1: By 2021, the national statistical system generates and disseminates disaggregated data for evidence-based national development processes.

  Outcome 3.2: By 2021, national institutions at all levels target, manage, coordinate and account for resources for equitable service delivery and economic growth that is based on reliable data.

  Outcome 3.3: By 2021, all people in Zambia, including women, youth and marginalized have equitable and effective participation in national and local democratic processes.

  Outcome 3.4: By 2021, all people in Zambia, including the large number of marginalized and vulnerable people, have greater understanding of their rights and are able to claim them, have greater human security, have access to justice and have equal opportunity under the law.

UNICEF Outcomes	Key Progress Indicators, Baselines and Targets	Means of Verification	Indicative Country Programme Outputs	Major Partners, Partnership Frameworks	Indicative resources by Outcome *(in millions of United States dollars)*		
					RR	OR	Total
1. HEALTH							
Relevant articles of the Convention on the Rights of the Child: 6, 24.							
Related UNICEF Strategic Plan Outcome: 1. Health							
By 2020, children (including newborns and adolescents) and	Proportion of pregnant women attending at least four antenatal care visits	DHS	1. Increased government capacity to plan for, deliver and	Ministry of Health (MoH); Ministry of	4.1	60.498	64.598

pregnant women benefit from improved and equitable high-impact maternal, neonatal, child and adolescent health interventions and behaviours.	*Baseline*: 56% (DHS 2014); *Target*: 80%		manage a health system characterized by equitable funding and human resource distribution, locally-responsive and risk-informed planning, sound supply chain management, and use of monitoring data to inform action, innovation and accountability. 2. Improved supply and demand for quality maternal, newborn, child and adolescent health services, including management of malaria, pneumonia and diarrhoea in marginalized and underserved communities. 3. Increased government capacity to plan for, manage and deliver timely and reliable immunization services, particularly in marginalized communities.	Community Development, Mother and Child Health (MoCDMCH); Ministry of Education, Science, Vocational Training, and Early Education (MoESVTEE); WHO; GAVI; Global Fund to Fight AIDS, Tuberculosis and Malaria; USAID, UNFPA; World Bank; JICA; SIDA; DFID; EU; communities			
	Skilled birth attendance *Baseline*: 64% (DHS 2014); *Target*: 80%	DHS					
	Coverage of children fully immunized by 1 year of age *Baseline*: 68% (DHS 2014); *Target*: 80%	DHS					
	Proportion of women with a live birth who receive postnatal care within 48 hours of birth *Baseline*: 63% (DHS 2014); *Target*: 90%	DHS					
	Proportion of children aged 0–59 months with diarrhoea treated with oral rehydration salts (ORS) and zinc *Baseline*: ORS/Zinc data not available; ORS only is 64% (DHS 2014); *Target*: 80%	DHS					
	Proportion of children aged 0–59 months with suspected pneumonia treated with appropriate antibiotics *Baseline*: 68% (DHS 2014); *Target*: 80%	DHS					
	Proportion of children aged 0–59 months with malaria treated with artemisinin-based combination therapy or other appropriate antimalarial drugs *Baseline*: 68% (DHS 2014); *Target*: 80%	DHS					

2. NUTRITION							
Relevant articles of the Convention on the Rights of the Child: 24.							
Related UNICEF Strategic Plan Outcome: 4. Nutrition.							
By 2020, children and mothers use high-impact nutrition interventions (services and practices) for reduction of stunting.	Proportion of children less than 5 years stunted *Baseline*: 40% (2013); *Target*: 30% (National target – Sixth National Development Plan).	DHS	1. Increased national capacity to operationalize policy provisions for delivery of scaled-up equity-focused, multisectoral high-impact nutrition interventions, including in humanitarian situations. 2. Children, caregivers and communities in selected districts apply optimal nutrition and care practices, seek preventive, promotive and curative nutrition services, with focus on the first 1,000	MoCDMCH; MoH; National Food and Nutrition Commission; DFID; Irish Aid; SIDA, Scaling Up Nutrition (SUN); CSO Coalition SUN National Movement; National Food and Nutrition Strategic Plan; The First 1,000 Most Critical Days National Programme	2.25	14.35	16.60
	Proportion of children breastfed within one hour of birth (timely initiation of breastfeeding) *Baseline*: 65.8% (DHS 14); *Target*: 80% (National target for low-birth-weight babies, Infant and Young Child Feeding Strategy 2014–2018.)	DHS					
	Proportion of children aged 0–5 months exclusively breastfed *Baseline*: 72.5%; *Target*: 80% (National target, Infant and Young Child Feeding Strategy 2014–2018.)	DHS					
	Proportion of breastfed children aged 6-24 months fed a minimum acceptable diet (feeding frequency and number of food groups) *Baseline*: 44%; *Target*: 70% (National target, Infant and Young Child Feeding Strategy 2014–2018.)	DHS					
	Proportion of population consuming adequately iodized salt at household level	National Food and Nutrition Commission 2011					

	Baseline: 61% (DHS 2014); *Target*: above 90% (National target, Elimination of Iodine Deficiency Disorders Strategic Plan 2012–2016)		days of life, and are actively involved in monitoring and planning actions on the nutritional status of children.				
	Prevalence of anaemia in children under 5 *Baseline*: 55% (2012); *Target*: 45% TBC	National Malaria Survey					
3. HIV and AIDS							
Relevant articles of the Convention on the Rights of the Child: 6, 24.							
Related UNICEF Strategic Plan Outcome: 2. HIV and AIDS.							
By 2020, children, adolescents, and pregnant women use quality, accessible, and proven HIV prevention and treatment interventions.	Proportion of pregnant women living with HIV receiving ART *Baseline*: 40% (2014); *Target*: 90%	HMIS	1. Strengthened leadership, commitment, accountability and capacity to provide essential rights- and gender-sensitive HIV information, and equitable prevention and treatment services for women, children and adolescents, including in humanitarian situations.	MoCDMCH; MoH; National AIDS Council (NAC); Global Fund; Accelerating Children's HIV/AIDS Treatment Initiative (ACT)/ PEPFAR; DREAMS Initiative (Determined, Resilient, AIDS-free, Mentored, and Safe; Comprehensive HIV/AIDS Management Program (CHAMP)	3.65	13.00	16.65
	Proportion of children aged 0–14 years living with HIV receiving ART *Baseline*: 41% (2014); *Target*: 90%	HMIS					
	Proportion of eligible adolescents living with HIV on treatment *Baseline*: Age-disaggregated data not available; *Target*: 90%	HMIS					
	Eligible 10–19-year-olds males receiving voluntary medical circumcision *Baseline*: 294,466; *Target*: 682,815	HMIS					
	Condom use at last sexual intercourse among 15–19-year-olds who had sexual	DHS					

	intercourse in the last 12 months. (Reported condom use among adults is 55% (2013).) *Baseline*: male 43% / female 37% (DHS 2014); *Target*: 90%		2. Increased national capacity to gather and utilize data and evidence for participatory, informed and responsive quality sexual and reproductive health, HIV prevention, treatment and care services for mothers, children and adolescents.				
	Proportion of sexually active adolescents aged 15–19 who had an HIV test and received their result in the past 12 months *Baseline*: male 29% / female 50% (DHS 2014); *Target*: 90%	DHS					
	Proportion of first-time HIV tests conducted on under-15 year olds annually *Baseline*: 3.2% (of which, male 51.4%, female 48.6%) (2014); *Target*: 5%	HMIS					
4. WATER, SANITATION AND HYGIENE							
Relevant articles of the Convention on the Rights of the Child: 24.							
Related UNICEF Strategic Plan Outcome: 3. Water, sanitation and hygiene.							
By 2020, children (including adolescents), and pregnant women, especially those from rural and peri-urban areas, benefit from improved and equitable access to and use of systems that deliver safe drinking water, improved sanitation and improved hygiene practices.	Proportion of population using an improved drinking water supply *Baseline*: 63%; *Target*: 80%	UNICEF/WHO Joint Monitoring Programme reports, MoLGH databases (DHIS2), Baseline assessment (UNICEF, 2013), EMIS, HMIS	1. Strengthened national capacity to legislate, coordinate, plan, deliver and monitor scaled-up and sustainable rights- and gender-sensitive interventions to promote safe drinking water, adequate	Ministry of Local Government and Housing (MoLGH); Ministry of Chiefs and Traditional Affairs (MoCTA); MoCDMCH; MoH; MoESVTEE Civil society, cooperating partners, private sector	5.0	42.0	47.0
	Proportion of households with functional basic hand-washing facilities *Baseline*: 30%; *Target*: 60%						
	Proportion of population with access to improved sanitation *Baseline*: 58%; *Target*: 75%						
	Proportion of population not practising open defecation *Baseline*: 84%; *Target*: 100%						

	Proportion of districts with the capacity to provide sustainable operation and maintenance of water supply and sanitation services *Baseline*: 20%; *Target*: 60%		sanitation and good hygiene practices in urban and rural areas. 2. Enhanced support for children, including adolescent girls, and families leading to sustained use of safe drinking water, adoption of adequate sanitation and hygiene practices and the elimination of open defecation by 2020. 3. Increased national capacity and resources to provide safe water and sanitation facilities at health and education institutions.				
	Proportion of schools meeting minimum WASH standards *Baseline*: 12%; *Target*: 50%						

5. EDUCATION							
Relevant articles of the Convention on the Rights of the Child: 28, 29.							
Related UNICEF Strategic Plan Outcome: 5. Education.							
By 2020, boys and girls of school-going age demonstrate improved learning outcomes as a result of equitable and inclusive access to quality education.	Completion rates at grades 9 and 12: <u>Grade 9</u> *Baseline*: boys 65.9% / girls 57.1% (2013) *Target*: boys 75% / girls 68% <u>Grade 12</u> *Baseline*: boys 34.1% / girls 27.9% (2013) *Target*: boys 40% / girls 35%	Education Statistical Bulletin	1. Strengthened political commitment and accountability to improve, monitor and promote access to age-appropriate, quality early learning opportunities. 2. Increased capacity at national and subnational levels to deliver, monitor and sustain equitable access to quality primary and secondary education, particularly for marginalized children.	MoESVTEE, MoCDMCH, MoLGH, Ministry of Gender and Child Development (MoGCD) Local communities, local and international NGOs, quasi government institutions, private sector	5.8	17.5	23.3
	Proportion of grade 1 entrants with 1–3 years of organized pre-schooling *Baseline*: 14.7% (2013); *Target*: 30%	Education Statistical Bulletin					
	Gender parity index at secondary level (grades 10–12) *Baseline*: 0.84 (2013); *Target*: 0.90	Education Statistical Bulletin					
	Proportion of students attaining at or above the minimum standard of achievement (grade 5, grade 9) <u>Grade 5</u> Proportion of learners at or above minimum standard of achievement in grade 5 national assessments (English and mathematics) English: *Baseline:* boys, 32.0% / girls, 33.2% (2014); *Target*: 40% Mathematics: *Baseline*: boys, 36.1% / girls, 35.6%	Examination Council of Zambia Reports and Education Statistical Bulletin Reports					

	(2014); *Target*: 42% Grade 9 Proportion of learners who attain at least Division III results in English and mathematics in grade 9 national examination English: *Baseline*: boys, 37.5% / girls, 40.6% (2014); *Target*: boys, 41% / girls, 48% Mathematics: *Baseline*: boys, 32.2% / girls, 27.7% (2014); *Target*: boys, 32% / girls, 33%		3. Increased community demand for and participation in quality learning opportunities, with equitable access for disadvantaged and marginalized children.				
6. CHILD PROTECTION							
Relevant articles of the Convention on the Rights of the Child: 1, 2, 3, 5, 7, 9, 12, 19, 20, 21, 23, 25, 32, 34, 35, 37, 39, 40.							
Related UNICEF Strategic Plan Outcome: 6. Child protection.							
By 2020, children benefit from a system that ensures integrated, improved and equitable prevention of and response to violence, abuse, exploitation and neglect.	Proportion of girls aged 15-19 years who have experienced any form of sexual violence *Baseline*: TBD (Q4 2015 data); *Target*: 20% reduction	H-Well	1. Improved capacity of state and non-state actors to prevent and respond to violence against children. 2. Enhanced government and partners' capacity to provide alternative care services	MoGCD, MoCDMCH, Ministry of Home Affairs (MoHA), MoCTA, Ministry of Justice, MoH, MoESVTEE, Ministry of Youth and Sports, United Nations joint programmes; DFID, USAID, Government of Canada, EU, NGO coalitions	5.8	14.75	20.55
	Proportion of children in conflict with the law that enter a diversion programme *Baseline*: 10%; *Target*: 20%	MoHA database/ records					
	Proportion of children under 5 who have a birth certificate *Baseline*: 4.1%; *Target*: 20%	DHS					
	Proportion of children in residential care out of the total number of children in formal care *Baseline*: 95%; *Target*: 70%	MoCDMCH records					

	Proportion of women aged 20-24 years reporting being married before age 18 *Baseline*: 31.4%; *Target*: 25%		meeting minimum standards. 3. Strengthened child-sensitive child justice practices at all stages of the criminal justice system. 4. Increased capacity of Government, partners and communities to provide birth registration services for children under five at national and subnational levels.				
7. SOCIAL INCLUSION							
Relevant articles of the Convention on the Rights of the Child: 2, 4, 13, 26, 27.							
Related UNICEF Strategic Plan Outcome: 7. Social inclusion.							
Vulnerable children and families benefit from and participate in a strengthened government response to poverty and vulnerability.	Management information system available to monitor an integrated delivery of social assistance benefits *Baseline*: No; *Target*: Yes	Annual MoCDMCH Social Protection reports	1. MoCDMCH has the capacity and integrated systems to effectively	Ministry of Finance, MoCDMCH ILO and WFP	3.5	22.5	26.0

	Proportion of households living in extreme poverty receiving social transfers in the past three months *Baseline*: 13% (2014); *Target*: 23%	MoCDMCH Social Protection Sector Advisory Groups reports	deliver a scaled-up social cash transfer programme. 2. The Government has enhanced capacity and improved systems for the delivery of integrated, coordinated, and child-sensitive social protection under the National Social Protection Policy. 3. The Government has enhanced capacity, improved systems, and evidence for child-poverty-informed decision-making and programme delivery at	Civil Society: Platform for Social Protection, Civil Society for Poverty Reduction DFID, Irish Aid, Government of Finland			
	Proportion of children living in extreme poverty living in a household which receives social cash transfers in the past three months *Baseline*: 9%; *Target*: 16%						
	Percentage of annual government budget/expenditure to main social sectors (health, education, social protection) *Baseline* (2014): 32.9%; *Target*: 33%	Government of Zambia Yellow Book					
	Multiple dimensions of child poverty inform design and implementation of Government's response to poverty and vulnerability *Baseline*: No; *Target*: Yes	Living Conditions Monitoring Survey, National Social Protection Policy M&E framework					

			national and subnational levels. 4. Vulnerable children, families, and communities have the capacity to participate in decision-making and demand accountability for delivery of quality social services.				
8. CROSS-SECTORAL							
Cross-sectoral (intersectoral, programme coordination, operations)	No outcome indicators at outcome level (indicators will be at output level)		Effective and efficient programme management and operations support to programme delivery		12.76	11.402	24.162
Total resources					**42 860**	**196 000**	**238 860**